

OFFICE OF FEE REFUND
REFUND DIVISION

2 / Reg for
refund
02-12-02
Attorney Docket: HOOV 118

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

US PATENT & TRADEMARK
OFFICE

Michael D. HOOVEN

EL 845497865
"Express Mail" Mailing Label No. _____

Serial no: 10/015,862

Date of Deposit January 11, 2002

Filed: December 12, 2001

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, Washington, D.C. 20231

For: TRANSMURAL ABLATION
DEVICE WITH SPRING
LOADED JAWS

Name. Yue X Ruan
(typed or printed)

To: Refund Requests
Commissioner for Patents
Box 16
Washington, D.C. 20231

Signat re Yue P R

REQUEST FOR REFUND

Dear Sir:

The above-identified application was filed on December 12, 2001 with a large entity filing fee being paid. The Applicant for this application is a Small Entity, and thus the fee should be reduced by one half.

Accordingly, it is requested that this fee now be refunded. Please credit our Deposit Account no. 50/1039 for the amount of \$370.00 representing one half of the large entity fee.

Refund Request

This request for refund is made for a fee that was paid in this application on December 12, 2001 in the amount of \$ 370.00.

Fees Paid for Which Refund Requested

	<u>Amount of Refund Requested</u>
<input checked="" type="checkbox"/> Filing Fee (small entity status)	<u>\$370.00</u>
<input type="checkbox"/> Surcharge for filing the basic filing fee on a date later than the filing date of the application	_____
and/or	
<input type="checkbox"/> Surcharge for filing the oath or declaration on a date later than the filing date of the application	_____
<input type="checkbox"/> Extension of Time	_____
<input type="checkbox"/> Issue Fee	_____
<input type="checkbox"/> Patent Maintenance Fee	_____
<input type="checkbox"/> First Maintenance Fee	_____
<input type="checkbox"/> Second Maintenance Fee	_____
<input type="checkbox"/> Third Maintenance Fee	_____
<input type="checkbox"/> Patent Maintenance Fee Surcharge	_____
<input type="checkbox"/> Other	_____
TOTAL	<u>\$370.00</u>

Manner of Refund

Please make refund by:

Crediting Deposit Account No. 50/1039

Refunding overpayment.

Respectfully submitted,

Date: January 11, 2002

Stephen B. Heller
Stephen B. Heller
Registration No: 30,181

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